

Positive Alternatives for Pregnancy and Parenting Grant Program

Solicitation Name Positive Alternatives for Pregnancy

Date

2-Jun-17Solicitation Number DPH0000126

Cost Proposal Worksheet

Section 5 - Cost Proposal

Unless otherwise specified in the eRFQ or contract agreement, all pricing should be inclusive of all costs associated with providing the services outlined in the eRFQ (including but not limited to travel, postage, etc.). Supplemental Cost Data is neither required nor desired.

OFFEROR INFORMATION

Company Name United Way of Greater AtlantaContact Name Kim AddieAddress 100 Edgewood Ave.Title Senior Health Director

Address 2 _____

Phone Number 404-527-7303City, State, Zip Atlanta, GA 30303Email Address kaddie@unitedwayatlanta.org

BUDGET DETAIL SUMMARY

	DESCRIPTION OF SERVICES	Unit of Measure	Cost per Unit	Number of Units
1	Personal Services (Salaries)	Regional Coordinators	\$45,000.00	4
		Program Manager	\$65,000.00	1
		Centering Pregnancy Consultant	\$40,000.00	1
2	Regular Operating			
3	Travel	Mileage reimbursement		
4	Equipment	Laptops	\$833.34	6
5	Facility Costs	Meeting and remote working space In Kind		
6	Per Diem/Fees			
7	Telecommunications			
8	Other--specify: External evaluation consulting group			
9	Provider Costs (Please leave this line blank. Costs to be determined by the State Entity)			
10				
11				
12				
13				
14				

Total Projected Annual Costs

* This total cost is the amount that should be entered as the bid in Team Georgia Marketplace/Peoplesoft

I attest the information contained in this Cost Proposal Worksheet is an accurate estimate of our organization's financial proposal for this bid event.



Authorized Signature

Positive Alternatives for Pregnancy and Parenting Grant Program

KIM ADDIE

Printed Name

RFQ (i.e., shipping,

Total Annual Amount
\$180,000.00
\$65,000.00
\$40,000.00
\$55,800.00
\$2,000.00
\$5,000.04
\$0.00
\$0.00
\$0.00
\$80,000.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$427,800.04

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